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CONFIRMATION NO. 3530

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/627,553	07/24/2003 RULE	606	3733	044RE1
<b>APPLICANTS</b> Anthony Ross, Charleston, SC; Peter Guagliano, Charleston, SC;				
<b>** CONTINUING DATA *****</b> This application is a REI of 09/456,375 12/08/1999 PAT 6,264,659 which is a CIP of 09/274,217 03/23/1999 PAT 6,183,518 which is a CIP of 09/255,372 02/22/1999 PAT 6,206,921 <i>YES R.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY SC	SHEETS DRAWING 4	TOTAL CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Met</i>		INDEPENDENT CLAIMS 5		
Verified and Acknowledged <i>Met</i> Examiner's Signature Initials				
<b>ADDRESS</b> 30328				
<b>TITLE</b> Method of treating an intervertebral disk				
<b>FILING FEE RECEIVED</b> 542	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	